

# Boarding Home Facility Based Training Form

**Provider Name:**

**License # (Required)**

**Contact Person:**

**Phone #:**

**Fax #:**

**Mailing Address:**

**City**

**State**

**Zip**

**PART 1** Please check the box next to the name of all trainings you want to offer, and complete the requested information for each training. *PLEASE PRINT.*

<b>Basic Training</b>	<b>Manager Specialty Trainings</b>		
<input type="checkbox"/> <b>Basic Training and Modified Basic</b>	<input type="checkbox"/> <b>Manager Dementia</b>	<input type="checkbox"/> <b>Manager Mental Health</b>	<input type="checkbox"/> <b>Manager Developmental Disabilities</b>
<b>Using what curriculum?</b> <i>Check one box</i> <input type="checkbox"/> DSHS curriculum or <input type="checkbox"/> An approved Alternative Curriculum ( <i>Give name</i> )	<b>Using what curriculum?</b> <i>Check one box</i> <input type="checkbox"/> DSHS curriculum or <input type="checkbox"/> An approved Alternative Curriculum ( <i>Give name</i> )	<b>Using what curriculum?</b> <i>Check one box</i> <input type="checkbox"/> DSHS curriculum or <input type="checkbox"/> An approved Alternative Curriculum ( <i>Give name</i> )	<b>Using what curriculum?</b> <i>Check one box</i> <input type="checkbox"/> DSHS curriculum or <input type="checkbox"/> An approved Alternative Curriculum ( <i>Give name</i> )
<b>Who are you training?</b> <i>Check box(es)</i> <input type="checkbox"/> <b>Only</b> our own facility staff <input type="checkbox"/> Our facility and others with same licensee* <input type="checkbox"/> Our facility and unrelated facilities (list below) *	<b>Who are you training?</b> <i>Check box(es)</i> <input type="checkbox"/> <b>Only</b> our own facility staff <input type="checkbox"/> Our facility and others with same licensee* <input type="checkbox"/> Our facility and unrelated facilities (list below) *	<b>Who are you training?</b> <i>Check box(es)</i> <input type="checkbox"/> <b>Only</b> our own facility staff <input type="checkbox"/> Our facility and others with same licensee* <input type="checkbox"/> Our facility and unrelated facilities (list below) *	<b>Who are you training?</b> <i>Check box(es)</i> <input type="checkbox"/> <b>Only</b> our own facility staff <input type="checkbox"/> Our facility and others with same licensee* <input type="checkbox"/> Our facility and unrelated facilities (list below) *
<b>Who is the lead instructor? **</b>	<b>Who is the lead instructor? **</b>	<b>Who is the lead instructor? **</b>	<b>Who is the lead instructor? **</b>

\* List facility names. Attach a separate page if needed.

\*\* See Part 2 for other information that may be needed.

## Caregiver Specialty Trainings

<input type="checkbox"/> <b>Caregiver Dementia</b>	<input type="checkbox"/> <b>Caregiver Mental Health</b>	<input type="checkbox"/> <b>Caregiver Developmental Disabilities</b>
Using <b>what curriculum?</b> <i>Check one box</i> <input type="checkbox"/> DSHS curriculum or <input type="checkbox"/> An approved Alternative Curriculum (Give name)	Using <b>what curriculum?</b> <i>Check one box</i> <input type="checkbox"/> DSHS curriculum or <input type="checkbox"/> An approved Alternative Curriculum (Give name)	Using <b>what curriculum?</b> <i>Check one box</i> <input type="checkbox"/> DSHS curriculum or <input type="checkbox"/> An approved Alternative Curriculum (Give name)
<b>Who are you training?</b> <i>Check box(es)</i> <input type="checkbox"/> <b>Only</b> our own facility staff <input type="checkbox"/> Our facility and others with same licensee* <input type="checkbox"/> Our facility and unrelated facilities (list below) *	<b>Who are you training?</b> <i>Check box(es)</i> <input type="checkbox"/> <b>Only</b> our own facility staff <input type="checkbox"/> Our facility and others with same licensee* <input type="checkbox"/> Our facility and unrelated facilities (list below) *	<b>Who are you training?</b> <i>Check box(es)</i> <input type="checkbox"/> <b>Only</b> our own facility staff <input type="checkbox"/> Our facility and others with same licensee* <input type="checkbox"/> Our facility and unrelated facilities (list below) *
Who is the <b>lead instructor?</b> **	Who is the <b>lead instructor?</b> **	Who is the <b>lead instructor?</b> **

## PART 2 REQUIRED INSTRUCTOR INFORMATION -- PLEASE PRINT

1. For instructors who have been a BH or AFH licensee, boarding home administrator, or adult family home resident manager within the past 12 months, complete the following information for the past 12 months. Attach additional pages if needed.

Instructor Name	Date of Birth mm/dd/yy	BH Name or AFH Provider Name	BH or AFH License #	Role/ job title	Dates employed at the Facility

2. A BH administrator or BH administrator's training designee who wants to teach a caregiver specialty course and does not meet the full specialty instructor qualifications must complete the manager specialty course in the specialty area. Attach a certificate of completion for the required course(s).
3. If the instructor is required by WAC to take the training they plan to teach, attach a copy of their certificate of completion for the course.

*I have verified that the instructors listed above meet the minimum qualifications for the trainings they will teach.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**You may not offer these trainings until you receive an approval letter from TCDU.**

To **update** your facility training information once you have turned in this form, use the "*Facility Based Training Update Form*," not this form.

**Please complete and send to:**

Training, Communications & Development Unit  
P. O. Box 45600  
Olympia, WA 98504-5600  
E-mail: [trainingreports@dshs.wa.gov](mailto:trainingreports@dshs.wa.gov)  
FAX: 360-725-2646  
Questions? Call 360-725-2548